

LSBME
RESPIRATORY CARE ADVISORY COMMITTEE MINUTES

Date: June 30, 2014

Time 9:00 am

Location: LSBME Office

Recorder: Diana Merendino

Present: Sue Davis, Raymond Pisani, Brett Stafford, Ken Alexander, Michael Nolan, Diana Merendino, Dave Vicknair
Via Phone conference: Elizabeth Hamilton

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTIONS
Call to order / establish quorum	Quorum established	
Home Sleep Studies	<p>Dr. Mouton came in to discuss the concerns with home sleep testing, HST. There have been complaints submitted to the LSBME board with concerns of HST being the preferred and often the only reimbursable service allowed by some insurance companies (United Health and Cigna). The companies performing the HST are from out of state vendors, and the LSBME is pulling information for the Quality of Care from the Companies. The Polysomnography language requires a physician to oversee a technician in the set-up and patient education of a sleep study. These out of state companies provide reading material, DVD and on line assistance to the patient – however they are out of state and would require a state license to practice. At this time the LSBME has contacted the Commissioner of Insurance to discuss their concern, the possibility of these insurance companies of promoting illegal practice. Dr. Mouton strongly suggested that we continue to monitor these types of events and contact our legislative constituents to voice our concern about public safety – can the elderly or others take the prepared instructions (written or</p>	Continue to Monitor

	DVD) and set up the home study appropriately.	
Approval of minutes	Mike Nolan made motion to accept minutes with verbiage change from Ken Alexander. Sue Davis 2 nd . All voting members present agreed.	
<p>Old Business: RT Scope of Practice</p> <ul style="list-style-type: none"> - Orders by Dentists - Analysis of Arterial Blood Gases - 4 strike rule 	<p>Raymond Pisani received correspondence from the LSBME dated March 31, 2014 that Respiratory Therapist are not allowed to take orders from a Dentist.</p> <p>Raymond Pisani received correspondence form the LSBME stating “it has been a long-held view that the practice of respiratory care in the LA includes blood gases analysis performed by respiratory therapists on blood gas instrumentation at the point of care when conducted on the written prescription or verbal order of a licensed physician (or physician assistant or advanced practiced registered nurse)...that a respiratory therapist would be appropriately trained and qualified in the use of equipment and that the equipment would be maintained by the hospital or facility’s clinical laboratory in compliance of all quality control measures.”</p> <p>After the last meeting on March 10th, Raymond Pisani met with Dr. Mouton regarding the 4 strike rule. Dr. Mouton stated the LSBME has no intent on changing the 4 strike rule for any of the other healthcare professionals. The Athletic Trainers</p>	

	<p>and Occupational Therapist have legislation that removed the 4 strike rule from their rules and regulations. Dr. Mouton stated that anyone who fails to pass the exam within 4 attempts, but passes on a subsequent attempt should present their case to the Board for review. It was also noted by the committee that individuals within the respiratory profession have the opportunity to take and pass the Registry Component and be eligible for a license.</p>	<p>The committee will continue to monitor.</p>
<p>New Business:</p> <ul style="list-style-type: none"> - Home Sleep Studies 	<p>Raymond provided the documents received by Thania Elliot addressing the home sleep studies and pointing out language in 3.2 of AASM clinical guidelines requiring an experienced sleep tech for the application of PM sensors or the education of patients for the correct application of sensors. He also provided the documentation that Advisory Committee on Polysomnography drafted for the LSBME. It was noted that maybe a discussion needs to happen with the major insurance company in the state, Blue Cross. More information is needed about the self-application process and the means by which the patient is educated on this process. Another concern in this area involves sending home CPAP machines without instruction by licensed therapist or polysom technician.</p>	<p>Ken Alexander made a motion for the respiratory care advisory committee (RCAC) to adopt a position regarding home sleep studies that are in agreement and support of the position statement made by the Advisory Committee on Polysomnography with the inclusion of Respiratory Therapy. Brett Stafford 2nd. All present agreed.</p> <p>Ken Alexander made a motion for the RCAC to written a letter making an opinion that concurs with the position and opinion of the Advisory Committee on Polysomnography with the specific inclusion of licensed respiratory therapist. Sue Davis 2nd. All present agreed.</p> <p>Ken Alexander and Raymond Pisani will work together to draft the above letter of opinion to the LSBME Board.</p>

<ul style="list-style-type: none"> - Scope of Practice Tracheostomy Tube - - - Licensure Language and new NBRC Exam - Policy 13 CoARC - Licensure vs. Credentials - Licensure in Texas 	<p>The LSBME received an email from Tonette Mix, RN asking if respiratory therapists were covered to change a trach patient's tracheostomy tube in the home.</p> <p>Dave Vicknair received a question from an educator wanting to know if the current language in our licensure law would still be correct with the new language of the NBRC exams. Current law states Entry Level Exam and Advanced Practitioner Exam and new language will be the Therapist Multiple Choice Exam.</p> <p>Discussion on Policy 13 change that will mandate that all individuals setting for NBRC examination will have a degree from a CoARC accredited school. This change will be effective on January 1, 2016.</p> <p>Raymond presented the committee with an article from the AARC Times giving us some thought to weight of license and credentials when acting as an expert witness.</p> <p>The respiratory therapists in Texas are looking at a sunset law that would abolish the license of RT's. The licensure board in Texas requested a number of practitioners that have had complaints /actions taken to use as data for supporting licensure. In our state 97 cases open / closed since 2009.</p>	<p>It is the committee's opinion that respiratory therapist are within their scope of practice to change a tracheostomy tube in the home setting. This information will be passed onto the Board.</p> <p>The committee felt with the wording of the definition of exams and the use of the wording or its predecessor there would not be a problem with the current language in 2507 and how it is stated in 2536.</p>
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- Vacancies on RCAC	Raymond has asked for an update on where we stand on getting our committee members complete. Rita Arceneaux responded in email that she had left a message with the Governor's Boards and Commissions office regarding the vacancies and need for replacements. She submitted Dr. Klein's letter of resignation stating he no longer wanted to serve after he was reappointed. She will let Raymond know when she hears back from them.	
VI. CEU Audit	CEU audits performed by the committee members present.	
VII. 2014 Meeting Dates:	September 8, 2014 December 1, 2014	
VII. Meeting Adjourned	Motion for meeting to adjourn after CEU audits – Brett Stafford; 2 nd Sue Davis. Meeting adjourned at 11:30am.	